

For Office Use Only

Site #: _____
Qualification: _____
Start Date: _____



APPLICATION FOR MEALS FOR KIDS CAFE PROGRAM - NEW SITES

Program Title: _____
Program Location: _____
Mailing Address (if different): _____
Program Site Contact Person: _____ email Address: _____
Program Site Phone Number: _____ Fax Number: _____
Program Projected Enrollment: _____ Program Hours: Opens: _____ Closes: _____
Agency/Sponsor Name: _____
Supervisor/Director Name: _____ Telephone Number: _____

Age range of participants: _____ Dates of Service: Start Date: _____ End Date _____

Days you will be open: Monday Tuesday Wednesday Thursday Friday Saturday

Will your program run on school breaks: Yes No

Please list any special food requirements (e.g. food allergies, vegetarian, etc.): _____

Meals to be Served	Days of Week (i.e. M, W,F)	Meal Hours (i.e. 4:30-6:30)	Serving Time (i.e. 5:15)	Anticipated Number of Meals
Breakfast				
Lunch				
Snack				
Snack				
Supper				
Supper				

Please attach a copy of the following items:

- ____ Most current NYS Childcare License (unless exempt)
- ____ Program Calendar
- ____ List of the activities and programs you offer
- ____ Certificate of Occupancy
- ____ Last Fire Inspection
- ____ Program calendar that specifies all days your program is opened/closed
- ____ Proof of 501 (c) (3) status

Signed _____ Date _____

Phone _____ Fax _____

Please contact Celeste Barkley at x148 (celeste@foodlinkny.org) with any questions.

936 Exchange Street Rochester, NY 14608 Phone: 585.328.3380 Fax: 585.328.9951